

**SSI Milwaukee County Advisory Committee
October 6, 2004 Meeting Summary**

Organizations Represented:

Abri Health Plan
Abri Health Plan
APS Healthcare
Automated Health Systems
Community Advocates
Community Advocates
Community Care Organization
Consumer
Consumer Satisfaction Team
Independence First/Consumer
Evercare, United Health Group
Froedtert Hospital Administration
iCare
iCare
iCare
iCare
iCare
Independence First
Independence First
Independence First
Managed Health Services
Managed Health Services
Managed Health Services
Managed Health Services
Managed Health Services
Mental Health Associates
Mental Health Association
Milwaukee County
Milwaukee County Behavioral Health Division
Milwaukee County Behavioral Health Division
Milwaukee Health Services
Milwaukee Mental Health Associates
People First Wisconsin
Renal Care Group
Society's Assets
Warmline
Wisconsin Association of Health Plans
Wisconsin Coalition for Advocacy
Wisconsin Coalition for Advocacy
Wisconsin Coalition for Advocacy

Representatives:

Jim Wick
Jayne Wick
Bruce Christiansen
Kathy Kaelin
Ken Germanson
Erin Quandt
Barbara Moore
Catherine Kunze
Janet Malmon
Bob Driscoll
Laura Esslinger
Maureen McNally
Joyce Binder
Kathy Sansone
Martha Lundin
Pat Jerominski
Jeff Grancorbitz
Karen Avery
Alexandra Kriofske
Mike Luber
Sandi Tunis
Jennifer Winter
Heidi Evans
Julie Litza
Jan Larson
Crystal Logan
Julie Rothwell
Mike Kreuser
Paul Radomski
John Pretsby
Vivian McLemore
Martha Rasmus
Cindy Bentley
Sandra Dobberpuhl
Bruce Nelsen
Lyn Malofsky
Kelli Rosati
Shirin Cabraal
Peter Hoeffel
Tom Hlavacek

Staff: Alice Mirk, Division of Disability and Elder Services, David Beckfield, Cindy Booth, Angelo Castillo, Angela Dombrowicki, Michael Fox, Sean Gartley, Mary Laughlin, Dr. Sandra Mahkorn, Janice Sieber, and David Woldseth, Division of Health Care Financing.

1. Angela Dombrowicki, Director of the Bureau of Managed Health Care Programs (BMHCP), called the meeting to order at 9:30 a.m.
2. Tom Hlavacek from the Wisconsin Coalition for Advocacy requested time at the beginning of the meeting to discuss the enrollment options that were presented by the Department at the September 8th Advisory Committee Meeting, particularly focusing on the all in/opt out enrollment option recommended by the Department. Mr. Hlavacek stated that consumer advocates consider the all in/opt out enrollment option to be a mandatory enrollment option, and noted that in the past, the Secretary of the Department had indicated that initial enrollment of the SSI population into managed care in Milwaukee County would be voluntary.

Ms. Dombrowicki responded that because of the seriousness of the State's budget situation, the Department, with the Secretary's support, proposed the all in/opt out option as a compromise between universal/mandatory enrollment, which offers a choice of HMOs but not an opportunity to choose or remain in fee-for-service, and voluntary enrollment, which does not provide the initial level of participation required to attract managed care organizations. All in/opt out allows consumers multiple opportunities to choose different plans or to return to fee-for-service. In addition, great effort would be made to maintain existing provider relationships for SSI individuals and a primary purpose of the Advisory Committee would be to help develop a clear and deliberate enrollment process.

Mr. Hlavacek stated that he had written a letter to Helene Nelson, the Secretary of the Department, detailing the concerns of consumers and advocates. Mr. Hlavacek invited other interested Advisory Committee members to sign the letter at the conclusion of the meeting.

Ms. Dombrowicki noted that many of the concerns expressed by advocates and consumers in the past as well as during the present meeting prompted the formation of this Advisory Committee and the Advisory Committee Workgroups. The Advisory Committee Workgroups had been meeting over the past month to discuss and provide recommendations on a number of issues, one of the issues being enrollment options.

3. Each of the Workgroups presented information and recommendations from their meetings over the past month.

A. Consumer Rights and Enrollment Workgroup

Janice Sieber, Co-Chair of the Consumer Rights and Enrollment Workgroup, presented Workgroup recommendations on a variety of issues, including grievance procedures, consumer advocates, enrollee informing materials, and the enrollment process.

The Workgroup recommended that an external advocate, housed in an agency that is outside of the system, is community based and is provided with appropriate resources, be available in addition to the MCO Advocate and Ombudsmen programs currently available for managed care enrollees.

Angela Dombrowicki stated that the Department is willing and interested in discussing the incorporation of an external advocate into SSI managed care in Milwaukee County. Ms. Dombrowicki noted that the Department needs input from Advisory Committee members about the specific scope, function, and purpose of an external advocate, and how an external advocate would interface with existing advocate resources for enrollees.

The Workgroup also recommended a 60 day initial enrollment within the all in/opt out enrollment process during which the enrollee would be required to enroll in an HMO and have time to determine if they would like to continue their enrollment. After the initial 60 day enrollment period, enrollees would have an opportunity to disenroll and return to fee-for-service from days 61 to 120 after initial enrollment. Finally, the Workgroup recommended that enrollees be allowed to disenroll at any time after the initial 12 months of enrollment in an HMO.

Several Advisory Committee members expressed concern about maintaining current provider relationships for SSI individuals enrolled in managed care. Sandi Tunis from Managed Health Services stated that the enrollment process could and should be designed so that individuals who want to maintain existing provider relationships will be able to do so. Ms. Tunis noted that her organization would make every effort to contract with enrollee's providers, and they feel that it is not in the best interest of the enrollee to disturb a provider/enrollee relationship that is working. Angela Dombrowicki added that if an enrollee's provider chose not to participate with a managed care organization, the enrollee would be able to return to fee-for-service so that they may continue to see their provider(s) of choice.

Karen Avery from Independence First and Ken Germanson from Community Advocates both expressed concern that during the lock-in periods, the Workgroup recommended that enrollees could be disenrolled and return to fee-for-service with just cause, but the criteria for determining just cause has yet to be determined. Angela Dombrowicki responded that a Workgroup, most likely the Quality Assurance Workgroup, would be discussing criteria for just cause enrollment as well as short-term exemptions from managed care.

Shirin Cabraal from Wisconsin Coalition for Advocacy noted that the Federal Centers for Medicare and Medicaid Services (CMS) requires States to identify target populations and develop profiles of different groups of enrollees based on past treatment. Ms. Cabraal asked whether the Department was aware of this requirement and if so, what tools have been developed to meet the requirement. Angela Dombrowicki responded that the Department is aware of the requirement and has invested a great deal of time and resources into developing a Predictive Model program. Predictive modeling is a method that compresses a large amount of claims-history information into a concise measure of a consumer's potential health care resource utilization. Mike Fox, Deputy Director of BMHCP, will present information about the Predictive Model program at the next Advisory Committee meeting on November 3rd.

B. Scope of Services & Network Adequacy Workgroup

Kathy Kunze, a Scope of Services and Network Adequacy Workgroup member, presented the Workgroup recommendations for the inclusion of County Medicaid

Reimbursable Health Services into SSI managed care in Milwaukee County. The Workgroup recommended that persons who receive Targeted Case Management (TCM) and Crisis Intervention Services be included in managed care enrollment. TCM and Crisis Services would be billed on a fee-for-service basis for these persons.

The Workgroup also recommended that persons in Community Support Programs (CSP) be enrolled in managed care with the CSP services billed on a fee-for-service basis. The Workgroup recommended that a committee of stakeholders, including CSP directors, HMO representatives, State representatives and consumers be convened to work out the implementation details.

Mike Kreuser from Milwaukee County stated that the County is in support of the Workgroup recommendations for the inclusion of recipients of these County services into the SSI managed care program and is committed to continuing to provide the level of county funding to these programs that it has in the past.

Sean Gartley, Co-Chair of the Scope of Services and Network Adequacy Workgroup, provided background about the Workgroup's consideration of carving out the Milwaukee County Behavioral Health Division (BHD) Adult Medical Day Treatment Program from the SSI Milwaukee County MCO benefit package (similar to the Workgroup's recommendation regarding Crisis Intervention and Targeted Case Management Services, participants in the Milwaukee County Day Treatment Program would be enrolled in MCOs, but the day treatment services they receive from the County would be paid for on a fee-for-service basis — other non-County day treatment programs would be included in the MCO benefit package). The Workgroup was not able to agree on a recommendation, and Mr. Gartley outlined the Workgroup discussion on this issue:

- Unlike the other carved-out benefits, day treatment services are totally funded by Medicaid — there is no county match.
- Like Targeted Case Management, Crisis and Community Support Program services, participants are referred to the day treatment program by the Service Access for Independent Living (SAIL) unit.
- The Milwaukee program is unique and serves persons with severe mental illnesses including schizophrenia, delusional disorders, and delusional depression, and alternative day treatment programs are largely focused on the maintenance of mental health conditions. There is a concern that MCOs won't be willing to authorize these comprehensive day treatment services.
- Currently, HMOs in Milwaukee don't authorize day treatment through Milwaukee County for their enrollees. Milwaukee County has been unwilling to contract with MCOs except iCare.
- Milwaukee County has had great success getting authorization to provide services for Medicaid fee-for-service recipients.

Mr. Gartley also outlined potential difficulties with such a carve-out related to continuity of pharmaceutical care for enrollees in this program, responsibilities for care following discharge of the enrollee from day treatment, and the precedent established by carving out specific non-county matched programs provided by individual entities which present many continuity of care challenges.

Mary Laughlin, Co-Chair of the Scope of Services & Network Adequacy Workgroup, presented a draft Certification Document for HMOs applying to serve the SSI population in Milwaukee County. Ms. Laughlin noted that many of the requirements detailed in the Certification Document are derived from federal regulations. Ms. Laughlin requested that Workgroup members provide feedback on the document after reviewing the draft.

C. Quality Assurance Workgroup

Dr. Sandra Mahkorn presented the five core values and goals that the Quality Assurance Workgroup agreed upon:

- The goal of the program will be to provide the best possible health care management systems.
- It is important to assure comprehensive care and access to a full range of services.
- The quality assurance program will guarantee continuity and coordination of care.
- A program should permit consumer rights and allow customer input into the plans and what is being measured.
- Consumers should be satisfied with the manner in which they are treated.

The Quality Assurance Workgroup will develop measures, many of which are outlined in the existing iCare contract, to ensure the achievement of these goals and incorporation of these values into the SSI managed care program in Milwaukee County. Federal law also requires that an External Quality Review Organization conduct administrative reviews and data validity audits as well as consumer surveys and special studies.

D. Rate Setting Workgroup

David Beckfield, Co-Chair of the Rate Setting Workgroup, stated that the SSI data file would be available at the October 13th Rate Setting Workgroup meeting as well as by request. The data would include *Calendar Years* 2001, 2002 and 2003 (the base periods for the initial data set released in 2003 included *fiscal years* 2000, 2001 and 2002).

4. Angela Dombrowicki reminded the Committee that the next meeting would be November 3rd at the Italian Community Center from 9:30 a.m. to 12:00 p.m. Mike Fox, Deputy Director of BMHCP, will present information about the Predictive Model at the November 3rd meeting and the Committee will continue to review and discuss Workgroup recommendations.
5. Meeting was adjourned at 12:00 p.m.

Respectfully submitted,

Sean Gartley
BMHCP